**College of Agriculture and Natural Resources
Key Request**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, located in office (bldg & room #)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is hereby requesting/verifying a key/keys for the following room(s) . He/she agrees to **return the key should termination occur**. Should key(s) be lost **you may be responsible for payment for replacement and/or re-keying the lock(s).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **BUILDING** | **ROOM#** | **KEY#** | **# OF KEYS** | **COMMENTS** |
|  |   |  |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |

*The above key(s) have been approved by the requestor’s supervisor**and COANR Business Office.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature of supervisor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature of Recipient

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
COANR Business Office

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date

Return form to Kaci Smith in ABO, AG C Room 143